

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Application

10/595353

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/	/					53						
4		2					54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	2		↓		↓								
TOTAL DEP.	3		←		←								
TOTAL CLAIMS	5												